

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90252 016 \*\*\*\*\*61.25

**DOCUMENT # N98000003911**

1. Entity Name

**NEW COVENANT CHURCH OF CENTRAL FLORIDA, INC.**



Principal Place of Business

**990 BELVERERE RD  
ORLANDO FL 32820**

Mailing Address

**P.O. BOX 781164  
ORLANDO FL 32878**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3529003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAXTER, CHARLES H  
990 BELVEDERE ROAD  
ORLANDO FL 32820**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BAXTER, CHARLES H</b>	
STREET ADDRESS	<b>990 BELVEDERE ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32820</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>PINNOCK, LLOYD</b>	
STREET ADDRESS	<b>2204 STONE CROSS CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32828</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REILLY, KELLYN</b>	
STREET ADDRESS	<b>2836 SHERIFF WAY</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, BRUNETTE D</b>	
STREET ADDRESS	<b>1126 BUTTERCUP LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, DAPHNE</b>	
STREET ADDRESS	<b>497 LAKE PARK TRAIL</b>	
CITY-ST-ZIP	<b>OVIDO FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, JONATHAN</b>	
STREET ADDRESS	<b>1126 BUTTERCUP LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, BRUNETTE D</b>	
STREET ADDRESS	<b>101 PORTSTEWART DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, JONATHAN</b>	
STREET ADDRESS	<b>101 PORTSTEWART DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32828</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **RECEIVED**

**2/20/03 (407)568-8336**

CR2E037 (10/02)